

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1. Date of Request: <u>11/19/04</u>		2. Serial/Patent # <u>10/019 521</u>	
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input checked="" type="checkbox"/>	Issue <u>1501</u>		<u>8/31/04</u> \$ <u>1330.</u>
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7. TOTAL AMOUNT OF REFUND \$ <u>1330.</u>	
10. REASON:		8. TO BE REFUNDED BY:	
		Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/>	Duplicate Payment	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9. <u>1</u><u>3</u><u>-</u><u>1</u><u>4</u><u>8</u><u>9</u> <u>1</u><u>3</u><u>-</u><u>4</u><u>8</u><u>9</u><u>5</u> </div>	
<input type="checkbox"/>	No Fee Due (Explanation):		
11. REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Trvin Dingle</u>		TITLE: <u>PARACOM</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(570) 272-3210</u>	
OFFICE: <u>Philadelphia</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>11/26/04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: